I. REQUESTOR INFORMATION:
Requesting Department: ____________________________
Requestor Name: ____________________________ Phone: ________ Email: ________

II. REQUEST FOR PROJECT:
A. Project Type: New Construction ☐ Renovation Project ☐ Space Improvement ☐ Other: ____________________________
B. Building(s) Effected: ____________________________ Room Number(s) Effected: ____________________________
C. Briefly describe this project. (If available, please attach any floor plans, Dept. programs, diagrams, and backup documents that further identify the area and nature of this project): _______________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
D. Requested Completion Date? (Month/Date/Year) _____/_______/20____. Are there any time constraints, events, projects, or any other considerations that may affect the schedule or completion date of this Project? Yes ☐ No ☐
   If yes, please provide as much information as possible: _______________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
E. Does this Project impact any space occupied by another Dept. or Dept. (s)? If no, proceed to question H. Yes ☐ No ☐
F. If yes, have you contacted the other Dept. (s)? Yes ☐ No ☐ If no, please contact other Dept. prior to submitting this form. If yes, please provide the name(s) & contact information of those contacted. ______________________________________
   ______________________________________________________________________________________
G. Are they in agreement with this project? Yes ☐ No ☐

III. PROJECT FUNDING:
H. Do you have funding available for this Project? Yes ☐ No ☐
I. If no, What other Funding Sources are being used?
J. If yes, What Fiscal Year will be used for Project Funding? FY____ __
   Please identify source: FUND ______ ORG ______________
   What is the total amount of Funding available for this Project? $__________

IV. REQUESTOR SIGNATURE
This Request must be Signed by the Requesting Department’s Director or their Authorized Agent.
Director or Authorized Agent: ____________________________ Date: ____________________________
Additional Comments: ____________________________

------------------------------------------FACILITIES PLANNING & CONSTRUCTION USE ONLY------------------------------------------
Project Name: ____________________________ Project ID #: ____________________________
Date Project Request received: / _____/20____
Date Project ID and File created: / _____/20____

FPC Director Reviewed and approved Project Request:
Project Manager Assigned:
Date Project Request Form issued to Assigned Project Manager: / _____/20____